

Medical Services

Credentialing, Privileging, and Competency of Healthcare Practitioners

Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
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Fort George G. Meade, MD 20755-5800
xxxxxxxxxxxx

Unclassified

SUMMARY of CHANGE

MEDDAC REG 40-20

Credentialing, Privileging, and Competency of Healthcare Practitioners

Specifically, this revision—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.
- o Changes the Credential’s responsibilities by adding that a copy of the delineation of clinical privileges be sent to each practitioner’s clinic chiefs as well as to the practitioner (para 2-4g).
- o Throughout the regulation, removes the requirement for the practitioner to acknowledge receipt by of the delineation of clinical privileges to the Credentials Office within five days; however, the requirement to make the acknowledgment remains.
- o Adds requirements concerning Pediatric Advanced Life Support (paras 2-4r, 2-4w).
- o Reduces the frequency that the Credentials Coordinator queries the National Practitioner Data Bank for re-privileging of all physicians and dentists from 48 months to 24 months between queries (para 2-4x).
- o Removes DA 5754-R (Malpractice Questionnaire Form) from the list of forms used to delineate clinical privileges (para 3-2).
- o Changes the requirement for the Credentials Committee to send its recommendations for initial medical staff appointments for privileges to the Medical Staff Functions Committee (MSFC) instead of to the commander, and then making it the MSFC’s responsibility to submit its recommendation to the commander (paras 3-5f, 3-6e, 3-7e, 3-8f and 3-12d).

Medical Services

Credentialing, Privileging, and Competency of Healthcare Practitioners

FOR THE COMMANDER:

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History. This is the fourth revision of this regulation, which was originally published on 24 September 1997.

Summary. This regulation governs

credentialing and privileging of healthcare practitioners within this medical department activity. It implements AR 40-68 within the U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC).

Applicability. This regulation applies to the entire MEDDAC. It also applies to all healthcare practitioners assigned or attached to the MEDDAC (that is, active duty, Army National Guard (ARNG), U.S. Army Reserve (USAR), and civilian practitioners).

Proponent. The proponent of this regulation is the Credentials Coordinator.

Supplementation. Supplementation of this regulation is

prohibited.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-CR, Fort George G. Meade, MD 20755-5800, or to the MEDDAC Command Editor by fax to (301) 677-8088 or e-mail to john.schneider@na.amedd.army.mil.

Distribution. Distribution of this publication is by electronic medium only.

Contents (Listed by paragraph and page number)

Chapter 1

Introduction, page 1

Purpose • 1-1, page 1

References • 1-1, page 1

Explanation of abbreviations and terms • 1-1, page 1

Chapter 2

Responsibilities, page 1

The MEDDAC Commander • 2-1, page 1

* This publication supersedes MEDDAC Reg 40-20, dated 1 October 2001.

Contents–continued

The Deputy Commander for Clinical Services (DCCS) • 2-2, *page 1*
The Credentials Committee • 2-3, *page 1*
The Credentials Coordinator (CC) • 2-4, *page 2*
Department and service chiefs • 2-5, *page 3*
Healthcare practitioners • 2-6, *page 3*

Chapter 3

The privileging process, *page 4*

Section I

General, page 4

Use of male gender pronouns • 3-1, *page 4*
Forms utilized to delineate clinical privileges • 3-2, *page 4*
Application for privileges by civilian practitioners • 3-3, *page 4*

Section II

Application for privileges, page 4

Inprocessing through the Credentials Office • 3-4, *page 4*
Regular privileges – initial medical staff appointment • 3-5, *page 5*
Regular privileges – active medical staff appointment • 3-6, *page 5*
Regular privileges – affiliate medical staff appointment • 3-7, *page 6*
Regular privileges – affiliate appointment for resource sharing personnel, military members on TDY orders, reservists, and IMAs • 3-8, *page 7*
Regular privileges – no appointment • 3-9, *page 7*
Temporary privileges – temporary appointment • 3-10, *page 7*
Supervised privileges – no appointment • 3-11, *page 8*
Reappointment of clinical privileges (Biennial review.) • 3-12, *page 8*
Augmentations • 3-13, *page 8*
New medical procedures and technology • 3-14, *page 9*

Chapter 4

Suspension, Restriction, or Revocation of Clinical Privileges, and Administrative Functions within the Credentials Program, *page 9*

Suspension, restriction, or revocation of clinical privileges • 4-1, *page 9*
Administrative functions within the credentials program • 4-2, *page 9*

Appendix A. References, *page 10*

Glossary

Chapter 1

Introduction

1-1. Purpose

This regulation establishes policy, responsibility, and procedures for determining and documenting clinical privileges for all healthcare practitioners who are given the authority and responsibility for making independent decisions to diagnose, initiate, alter, or terminate a regimen of medical or dental care within the MEDDAC. (The term “healthcare practitioner” is defined in the glossary.)

1-2. References

Required and related publications are listed at appendix A. Referenced forms are also listed at appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

Chapter 2

Responsibilities

2-1. The MEDDAC Commander

The MEDDAC commander has the ultimate decision-making responsibility and authority for granting of clinical privileges within the MEDDAC.

2-2. The Deputy Commander for Clinical Services (DCCS)

The DCCS will—

- a. Serve as chairperson of the Credentials Committee.
- b. Enforce Department of Defense (DoD) directives, Army regulations, and local guidance regarding the privileging process.
- c. Suspend or restrict privileges, direct the initiation of investigations, and convene the Credentials Committee when warranted because of unprofessional conduct, substandard medical practice or care, or professional incompetence.
- d. Forward to the medical treatment facility (MTF) commander the recommendations for privileges from the Credentials Committee. (The term “MTF commander” is explained in the glossary.)
- e. Receive and review any adverse information or malpractice data on practitioners and inform the MTF commander and appropriate department or service chief.
- f. Review initial applications for clinical privileges of all healthcare practitioners.

2-3. The Credentials Committee

The Credentials Committee will—

- a. Meet monthly (a minimum of 10 meeting per calendar year) or at the call of the chairperson to review credentials and make recommendations concerning the granting, limiting or removal of privileges based upon education, specific training, experience and current competence, taking into account the limitations of the MTF support staff, equipment capability and mission. It

will also provide input for the administrative management of the credentials program.

b. Evaluate the quality of care provided by any practitioner as requested by the MTF commander.

c. Receive, review and act upon reports from the Medical Staff Functions Committee.

d. Vote by secret ballot distributed by the Credentials Coordinator to the committee members at the start of the Credentials Committee meeting. In accordance with (IAW) AR 40-68, paragraph 4-9f(8), no abstentions will be permitted when voting. This secret ballot, along with the agenda, will be collected by the Credentials Coordinator and destroyed.

e. Review practitioners' credentials requests that have been recommended by their service chiefs. (No practitioner's credentials file will be reviewed if there is no representation by the appropriate department. Peer recommendations will be obtained in addition to department and service chief recommendations.)

2-4. The Credentials Coordinator (CC)

The CC will—

a. Manage the credentials program IAW regulations and directives as outlined in this regulation.

b. Coordinate credentials requirements with all applicable department and services.

c. Serve as custodian for all credentials files and records, with responsibility for maintaining the security, integrity, and confidentiality of all files, records and data entries.

d. Serve as the command expert regarding national, state and local licensure requirements of healthcare practitioners, to include military and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards for licensure, privileging and appeals procedures.

e. Authenticate documents not verified in credentials files IAW applicable JCAHO standards and AR 40-68.

f. Forward initial and biennial applications for privileges and staff appointment to the chairperson of the Credentials Committee.

g. Send a copy of the delineation of clinical privileges to each practitioner (and to their clinic chiefs) reviewed by the Credentials Committee, and ensure that each practitioner acknowledges receipt by endorsement.

h. Notify healthcare practitioners of deficiencies in their practitioner credential files (PCF) or practitioner activity files (PAF) and assist them to correct the deficiencies.

i. Send out requests for evaluations, re-appointments, and renewals.

j. When notified of a healthcare practitioner's permanent change of station (PCS), forward all credentials files to the gaining command IAW AR 40-68.

k. When notified of a healthcare practitioner's impending departure for temporary duty (TDY), forward a Transfer Brief to the TDY station.

l. Upon notification, inactivate credentials when a practitioner PCSs, separates or retires.

m. Verify information requested by various outside sources on all current and previous healthcare practitioners at this MEDDAC, ensuring that proper disclosure procedures are followed.

n. Secure all credentials files in the Credentials Office. Access will only be granted to authorized personnel, to include the practitioner, the Credentials Committee, and supervisors in the practitioner's direct chain of command (clinic chief, department or service chief, DCCS, MEDDAC Commander, and clinic commander for practitioners working at outlying clinics).

o. Ensure that credentials files for USAR and ARNG healthcare practitioners are managed

IAW AR 40-68.

p. Ensure that the credentials files of impaired practitioners are managed IAW AR 40-68, chapter 7.

q. Ensure that the credentials files of individual mobilization augmentees (IMAs) are managed in accordance with AR 40-68, para 4-14.

r. Ensure that all individually privileged healthcare practitioners who are required to maintain current Basic Life Support (BLS), or, when applicable, Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), or Advanced Trauma Life Support (ATLS) status provide the Credentials Office with a copy of the current card showing date of certification.

s. Ensure that each practitioner who requires a license under the provisions of AR 40-68 is licensed and that he or she provides a copy of that license to the CC.

t. Ensure that evaluations are completed on all practitioners following the initial period of privileging and upon reappointment. This will include USAR and ARNG practitioners performing active duty training (ADT).

u. Ensure that active duty healthcare practitioners in PCS status have a current DA Form 5374-R (Performance Assessment) and an appropriate DA Form 5441-series form (Evaluation of Privileges – X) completed and forwarded to the Credentials Office not later than six weeks prior to PCS.

v. Ensure that healthcare practitioners meet all suspenses for privileging actions.

w. Ensure that updates of state licenses, BLS, (and ACLS, PALS, or ATLS, when applicable), continuing medical education documents, conferences attended, publications and papers written, lectures given, and a current chronological curriculum vitae are forwarded as required to meet privileging actions.

x. Query the National Practitioner Data Bank (NPDB) prior to privileging of all physicians and dentists and upon their re-privileging, with no more than 24 months between queries.

y. Enter each provider into the Centralized Credentials Quality Assurance System (CCQAS) database upon their initial privileging, and continue to maintain the CCQAS database on a current basis.

2-5. Department and service chiefs

(The terms “department” and “service” are defined in the glossary.) Department and service chiefs will—

a. Ensure that healthcare practitioners who are required to be privileged do not provide any patient care until properly privileged IAW AR 40-68.

b. Ensure that the Credentials Office is notified of all healthcare practitioners reporting for duty within their services. They will also notify the Credentials Office of all healthcare practitioners who are leaving the command or who have been reassigned to another service.

c. Be responsible for establishing and annually updating the criteria used to evaluate the clinical competence of each practitioner.

d. Ensure the Credentials Office is notified of all healthcare practitioners providing hands-on patient care. This will be accomplished as personnel arrive and depart and includes consultants.

2-6. Healthcare practitioners

Healthcare practitioners will—

a. Not provide any patient care until properly privileged IAW AR 40-68 and local directives.

- b. Apply or reapply for clinical privileges IAW AR 40-68 and local directives.
- c. Abide by DoD directives, Army regulations, local guidance, and the rules and regulations of the MEDDAC and clinical service to which assigned.
- d. Provide evidence of relevant training and/or experience, board certification status, current license, continuing education, current competence, and health status. Ensure this information is kept current by forwarding copies of licensure renewals, board certification renewals, cardiopulmonary resuscitation training renewals, and documentation of continuing education through the supervisory chain to the Credentials Office.
- e. Acknowledge receipt of written notification of privileges awarded by the MEDDAC Commander and return it to the Credentials Office.

Chapter 3

The Privileging Process

Section I

General

3-1. Use of male gender pronouns

Within this chapter, the male gender pronouns (he, him, and his) also represent the female gender counterparts (she and her).

3-2. Forms utilized to delineate clinical privileges

Delineation of clinical privileges shall uniformly utilize DA Form 4691-R (Initial Application for Clinical Privileges) as applicable, DA Form 5440A-R (Delineation of Privileges Record), DA Form 5440-series forms (Delineation of Privileges – X), and local forms required by the command, if any. For the complete listing of the required contents of the PCF file, see AR 40-68, paragraph 4-11.

3-3. Application for privileges by civilian practitioners

Application by civilian practitioners shall be governed by the same procedures as those provided for military practitioners assigned to the MEDDAC.

Section II

Application for privileges

3-4. Inprocessing through the Credentials Office

Upon arrival at the MEDDAC, the practitioner will inprocess through the Credentials Office. If the practitioner is arriving from another MTF, he will provide a copy of orders assigning him to this MEDDAC and a copy of his current license and BLS (and ACLS if applicable) certificate, which must include an expiration date. The practitioner will complete the proper forms as stated in paragraph 3-2, above. The practitioner will be given a copy of the medical staff by-laws, rules and regulations, and AR 40-68 to review, and must agree in writing that his activities as a member of the medical staff will be bound by said by-laws, rules and regulations. This agreement shall include the acceptance of all professional obligations therein reflected as well as accepting clinical privileges.

3-5. Regular privileges – initial medical staff appointment

a. An Initial medical staff appointment is granted to a provider on the occasion of the first assignment/employment at a DoD MTF, or if the provider has had a lapse of greater than 180 days since having a medical staff appointment in a DoD MTF. The category of Initial appointment is intended to be used only once during the typical career of a health care provider. The Initial appointment will not exceed a 12-month period.

b. During the initial appointment period, practitioners will be supervised directly or indirectly, by the responsible department chief(s) to determine clinical competence as well as evaluate the provider's knowledge and conduct with respect to the medical staff bylaws, policies, procedures, regulations, and code of professional conduct. The supervisor will submit monthly reports to the Credentials Committee, however, quarterly reports will be acceptable after three successive satisfactory monthly reports.

c. The packet completed by the practitioner in the Credentials Office will be forwarded through the appropriate department to the service where he will be assigned for review.

d. The service chief will review the request for privileges, indicate approval by initialing in the appropriate column of the DA Form 5440-series form and forward the packet, with his recommendation, to the department chief.

e. The department chief will review the packet, sign the DA Form 5440A-R, and return the packet to the Credentials Office with his recommendation for approval or disapproval of the requested privileges.

f. After review by the Credentials Committee, the recommendation for privileging action, along with the packet, will then be sent to the Medical Staff Functions Committee (MSFC). This recommendation will then be forwarded to the MTF commander for final approval or disapproval.

g. After the initial appointment is granted, the Credentials Coordinator will forward the following information through the appropriate department to the practitioner:

(1) A copy of the approved DA Form 5440-series forms.

(2) Notification, in writing, that the initial appointment has been granted. This is to be acknowledged by endorsement by the practitioner and returned to the Credentials Office.

h. Failure to attain and retain required proficiency levels by the end of the initial appointment period will require an evaluation as to whether revocation or permanent restriction of clinical privileges is appropriate.

3-6. Regular privileges – active medical staff appointment

a. Prior to satisfactory completion of the initial appointment period by the practitioner, the CC will inform the practitioner that his privileges will be evaluated and reviewed for granting of regular privileges/active appointment.

b. The CC will generate and forward to the practitioner and his service chief for completion—

(1) DA Form 5440A-R and DA Form 5440-series forms. Completed by the practitioner. The service and department chiefs will complete the appropriate columns of the forms and sign them in the designated places.

(2) DA Form 5441-series form. Completed and signed by the service chief.

(3) DA Form 5374-R. Completed by the practitioner's direct supervisor.

(4) The practitioner will complete any locally generated forms.

c. The completed packet will be submitted to the Credentials Office not later than 10 working days prior to the Credentials Committee meeting in which the practitioner is to be evaluated.

d. Actions available to the Credentials Committee and the commander following documented performance include privilege/appointment, reappraisal, abeyance, augmentation, suspension, restriction, and revocation.

e. After review by the Credentials Committee, the recommendation for privileging action, along with the packet, will then be sent to the MSFC. This recommendation will then be forwarded to the MTF commander for final approval or disapproval.

f. If Regular privileges-active appointment is granted, the CC will forward written notification to the practitioner that regular privileges-active appointment has been granted. This is to be acknowledged by endorsement by the practitioner and returned to the Credentials Office within five days of receipt.

g. If other than regular privileges-active appointment is approved, the CC will so notify the practitioner of his status.

3-7. Regular privileges – affiliate medical staff appointment

Affiliate medical staff appointments are granted to providers meeting all qualifications for membership in the medical staff, according to the needs of the Government, after successfully completing the initial appointment period, but who, due to conditions of employment, are neither assigned organizational responsibilities of the medical staff nor expected to be full participants in activities of the medical staff. Affiliate appointments shall not exceed 24 months. This category of medical staff membership may apply to contracted staff, consultants, experts, staff in a temporary duty status, resource sharing personnel, part-time staff, Reserve Component providers performing individual duty for training; e.g. monthly drills, at the MTF, and IMAs. Affiliate members must agree to abide by all bylaws of the medical staff and are responsible for being knowledgeable of same.

a. Prior to satisfactory completion of the regular privileging-initial appointment period for contracted staff, consultants, experts and part time staff, the CC will inform the practitioner that his privileges will be evaluated and reviewed for granting of regular privileges-affiliate appointment.

b. The CC will generate and forward to the practitioner and his service chief for completion:

(1) DA Form 5440A-R and DA Form 5440-series forms. Completed by the practitioner.

The service and department chiefs will initial and sign the forms in the appropriate columns and signature blocks.

(2) The practitioner will complete any locally generated forms.

(3) DA Form 5441-series form. Completed by the service chief.

(4) DA Form 5374-R. Completed by the practitioner's direct supervisor.

c. The completed packet will be submitted to the Credentials Office not later than 10 working days prior to the Credentials Committee meeting in which the practitioner is to be evaluated.

d. Actions available to the Credentials Committee and the commander following documented performance include privilege/appointment, reappraisal, abeyance, augmentation, suspension, restriction, and revocation.

e. After review by the Credentials Committee, the recommendation for privileging action, along with the packet, will then be sent to the MSFC. This recommendation will then be forwarded to the MTF commander for final approval or disapproval.

f. If regular privileges-affiliate appointment is granted, the CC will forward written notification to the practitioner that regular privileges-affiliate appointment has been granted. This is to be acknowledged by endorsement by the practitioner and returned to the Credentials Office.

g. If other than regular privileges-affiliate appointment is approved, the CC will so notify the practitioner of his status.

3-8. Regular privileges – affiliate appointment for resource sharing personnel, military members on TDY orders, reservists, and IMAs

a. In this situation, the CC will request a Credentials Transfer Brief from the MTF where the practitioner is currently assigned.

b. The practitioner will complete the following: The appropriate DA Form 5440-series form, DA Form 5440A-R, and a letter requesting clinical privileges and medical staff appointment.

c. The completed packet will be forwarded to the service chief, who will review the request for privileges, and forward the packet, with his recommendations, to the department chief.

d. The department chief will review the packet, sign the DA Form 5440A-R with his recommendation for approval or disapproval.

e. The completed packet will be submitted to the Credentials Office not later than 10 working days prior to the Credentials Committee meeting.

f. After review by the Credentials Committee, the recommendation for privileging action, along with the packet, will then be sent to the MSFC. This recommendation will then be forwarded to the MTF commander for final approval or disapproval.

g. Upon approval of affiliate appointment-regular privileges, the CC will forward the following information through the appropriate department to the practitioner:

(1) A copy of the approved DA Form 5440-series forms.

(2) Notification, in writing, that the regular privilege-affiliate appointment has been granted. This is to be acknowledged by endorsement by the practitioner and returned to the Credentials Office within five days of receipt.

3-9. Regular privileges – no appointment

a. Individually privileged nonphysician providers do not require medical staff membership, but are not prohibited from membership.

b. Each individually privileged nonphysician practitioner who is given the authority and responsibility for making independent decisions which initiate or alter a regimen of medical care must have a letter in his credentials file which designates a staff physician who is assigned as the non-physician's supervisor or preceptor IAW AR 40-48.

c. The CC will ensure that each practitioner's credentials file contains a drug list from which he may prescribe. The drug list must be reviewed and approved by the Pharmacy and Therapeutic Committee and the Credentials Committee.

3-10. Temporary privileges – temporary appointment

a. Temporary privileges/appointment grant permission to independently provide medical dental, and other patient care services when there are pressing patient care needs but when time constraints will not allow full credentials review. The use of temporary privileges should be relatively rare. Temporary privileges-appointments must be time limited and may not exceed a period of 30 days. The use of temporary privileges is not restricted to active duty providers.

b. After in processing through the Credentials Office, the practitioner's file will be forwarded to the department and service chiefs for review and recommendation. Upon return of the file to the Credentials Office, the DCCS will review it and determine whether temporary privilege should be

recommended. At the conclusion of the temporary status, if the practitioner's credentials file has not been presented to the Credentials Committee, the practitioner will cease to practice IAW AR 40-68.

3-11. Supervised privileges – no appointment

Supervised privileges are granted to healthcare providers who do not have a license or other authorizing document, and, based on JCAHO standards, are ineligible for medical staff appointment and unable to practice independently. Providers working under supervised privileges can practice only under a written plan of supervision with a licensed person of the same or a similar discipline.

3-12. Reappointment of clinical privileges (Biennial review.)

a. Prior to the conclusion of the practitioner's current period of privileging, the CC will inform the practitioner, through the department and service chiefs that his privileges will be evaluated and reviewed for reappointment. At the same time, the practitioner will be made aware of any additional documentation needed in his PCF to complete the scheduled review.

b. The CC will generate and forward to the practitioner and his service and department chief for completion:

(1) DA Form 5440A-R.

(2) Locally generated forms.

(3) DA Form 5440-series forms. Completed by the practitioner. Approved, using initials, by service chief.

(4) DA Form 5374-R. Completed by the practitioner's direct supervisor.

(5) DA Form 5441-series form. Completed and signed by the service chief. If privileges are to be modified because of the reappraisal, the reason must be stated in the "Remarks" section. Privileges evaluated on this form must be identical to those delineated on the equivalent DA Form 5440-series form.

c. The department chief will sign the DA Form 5440A-R and submit the completed packet to the Credentials Office not later than 10 working days prior to the Credentials Committee meeting in which the practitioner is to be evaluated.

d. Following the Credentials Committee's review and recommendation, the packet will be forwarded to the Commander for approval or disapproval.

e. If reappointment of clinical privileges is granted, the CC will forward the following information to the practitioner:

(1) A copy of the approved DA Form 5440-series forms, DA Form 5440A-R and DA Form 5374-R.

(2) Notification in writing that renewal of clinical privileges has been granted. This will be acknowledged by endorsement by the practitioner and returned to the Credentials Office within five days of receipt.

f. If there is any variance between the requested and approved privileges, the CC will notify the practitioner of his status.

3-13. Augmentations

a. A request for augmentation of clinical privileges must be made in writing by the practitioner and endorsed by the appropriate service and department chiefs. Documentation of training and experience must accompany the request.

b. The request will be reviewed by the chairperson of the Credentials Committee, who will

recommend approval or disapproval to the Credentials Committee. The committee will make a recommendation to the commander.

c. If approved by the commander, the appropriate augmentation of clinical privileges will be awarded to the practitioner, who will be notified in writing of the awarding of additional defined privileges. The practitioner must acknowledge receipt to the Credentials Office within five days.

3-14. New medical procedures and technology

a. New procedures. Prior to the introduction of a substantially new and innovative procedure, the commander will ensure that criteria are developed at the department level and approved by the Credentials Committee. The criteria will include the specific preparatory training practitioners must have completed prior to being granted the privilege. The privileging process for these new procedures will be accomplished prior to their introduction.

b. New technology. The commander will ensure that technology, such as laser technology, does not surpass the staff's abilities. The commander will establish safety protocols for each instrument's use and provide proper privileging procedures. Adverse outcomes involving equipment malfunction will be reported immediately to the Risk Manager.

Chapter 4

Suspension, Restriction, or Revocation of Clinical Privileges, and Administrative Functions within the Credentials Program

4-1. Suspension, restriction, or revocation of clinical privileges

The total or partial withdrawal of clinical privileges, and actions to limit, suspend or revoke clinical privileges will be managed IAW AR 40-68, chapter 4, section 9.

4-2. Administrative functions within the credentials program

a. Cardiopulmonary Resuscitation (CPR) Certification. IAW U.S. Army Medical Command memorandum, 5 May 1999, subject: U.S. Army Medical Command Policy on Basic Life Support (BLS) or Higher Level Training Courses, all health care providers must have current BLS training and certification. ACLS or other advanced certification does not supersede BLS completion.

b. Clinical privileges for retiring and separating physicians. The following requirements must be met:

(1) All requests for continuation of clinical privileges will be reviewed on a case-by-case basis.

(2) All requests will be in writing through the proper chain of command and will include a copy of the practitioner's retirement or separation orders.

Appendix A References

Section I Required Publications

AR 40-48

Nonphysician Healthcare Providers. (Cited in para 3-9.)

AR 40-68

Quality Assurance Administration. (Cited in paras 2-3, 2-4, 2-5, 2-6, 3-2, 3-4, 3-10 and 4-1.)

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this publication.

AR 310-25

Dictionary of United States Army Terms

AR 310-50

Authorized Abbreviations, Brevity Codes, and Acronyms

DoD Directive 6025-13

Clinical Quality Management Program (CQMP) in the Military Health Services System (MHSS)

MEDDAC Reg 15-1

U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) Boards, Committees, Councils, Meetings, and Teams

Section III Prescribed Forms

This section contains no entries.

Section IV Referenced Forms

DA Form 4691-R

Initial Application for Clinical Privileges

DA Form 5374-R

Performance Assessment

DA Form 5440-series forms

Delineation of Privileges - X.

The following forms are included in this series:

DA Form 5440-R

Delineation of Privileges – Anesthesia

DA Form 5440-1-R

Delineation of Privileges - Dentistry

DA Form 5440-2-R

Delineation of

DA Form 5440-3-R

Delineation of Privileges - Internal Medicine and Subspecialty

DA Form 5440-4-R

Delineation of Privileges - Neurology

DA Form 5440-5-R

Delineation of Privileges - Obstetrics and Gynecology Privileges - Family Practice

DA Form 5440-6-R

Delineation of Privileges - Optometry Service

DA Form 5440-7-R

Delineation of Privileges - Pathology

DA Form 5440-8-R

Delineation of Privileges – Pediatrics

DA Form 5440-9-R

Delineation of Privileges – Podiatry

DA Form 5440-10-R

Delineation of Privileges – Psychiatry

DA Form 5440-11-R

Delineation of Privileges - Psychology

DA Form 5440-12-R

Delineation of Privileges -
Radiology/Nuclear Medicine

DA Form 5440-13-R

Delineation of Privileges - Surgery

DA Form 5440-14-R

Delineation of Privileges - Nurse
Anesthetists

DA Form 5440-15-R

Delineation of Privileges - Nurse Midwives

DA Form 5440-16-R

Delineation of Privileges - Nurse
Practitioners

DA Form 5440-17-R

Delineation of Privileges - OB/GYN Nurse
Practitioners

DA Form 5440-18-R

Delineation of Privileges - Physician
Assistants

DA Form 5440-19-R

Delineation of Privileges - Dietetics

DA Form 5440-20-R

Delineation of Privileges - Occupational
Therapy

DA Form 5440-21-R

Delineation of Privileges - Physical Therapy

DA Form 5440-22-R

Delineation of Privileges - no specialty
assigned

DA Form 5440-23-R

Delineation of Privileges - Emergency
Medicine

DA Form 5440-24-R

Delineation of Privileges - Aviation
Medicine

DA Form 5440-25-R

Delineation of Privileges - General Medicine
Officer

DA Form 5440-26-1-R

Delineation of Privileges - Troop Medical
Clinic Physicians

DA Form 5440-26-2-R

Delineation of Privileges - Troop Medical
Clinic Dentists

DA Form 5440-26-3-R

Delineation of Privileges - Troop Medical
Clinic Physician Assistants

DA Form 5440-27-R

Delineation of Privileges - Nurse
Practitioners (Pediatric)

DA Form 5441-series forms

Evaluation of Privileges - X.

*The following forms are included in this
series:*

DA Form 5441-R

Evaluation of Privileges - Anesthesia

DA Form 5441-1-R

Evaluation of Privileges - Dentistry

DA Form 5441-2-R

Evaluation of Privileges - Family Practice

DA Form 5441-3-R

Evaluation of Privileges - Internal Medicine
and Subspecialty

DA Form 5441-4-R

Evaluation of Privileges - Neurology

DA Form 5441-5-R

Evaluation of Privileges - Obstetrics and
Gynecology

DA Form 5441-6-R

Evaluation of Privileges - Optometry
Service

DA Form 5441-7-R

Evaluation of Privileges – Pathology

DA Form 5441-8-R

Evaluation of Privileges – Pediatrics

DA Form 5441-9-R

Evaluation of Privileges - Podiatry

DA Form 5441-10-R

Evaluation of Privileges - Psychiatry

DA Form 5441-11-R

Evaluation of Privileges – Psychology

DA Form 5441-12-R

Evaluation of Privileges -
Radiology/Nuclear Medicine

DA Form 5441-13-R

Evaluation of Privileges - Surgery

DA Form 5441-14-R

Evaluation of Privileges - Nurse

Anesthetists

DA Form 5441-15-R

Evaluation of Privileges - Nurse Midwives

DA Form 5441-16-R

Evaluation of Privileges - Nurse
Practitioners

DA Form 5441-17-R

Evaluation of Privileges - OB/GYN Nurse
Practitioners

DA Form 5441-18-R

Evaluation of Privileges - Physician
Assistants

DA Form 5441-19-R

Evaluation of Privileges – Dietitian

DA Form 5441-20-R

Evaluation of Privileges - Occupational
Therapy

DA Form 5441-21-R

Evaluation of Privileges - Physical Therapy

DA Form 5441-22-R

Evaluation of Privileges - no specialty
assigned

DA Form 5441-23-R

Evaluation of Privileges - Emergency
Medicine

DA Form 5441-24-R

Evaluation of Privileges - Aviation
Medicine

DA Form 5441-25-R

Evaluation of Privileges - General Medicine
Officer

DA Form 5441-26-1-R

Evaluation of Privileges - Troop Medical

Clinic Physicians

DA Form 5441-26-2-R

Evaluation of Privileges - Troop Medical
Clinic Dentists

DA Form 5441-26-3-R

Evaluation of Privileges - Troop Medical
Clinic Physician Assistants

DA Form 5441-27-R

Evaluation of Privileges - Nurse
Practitioners (Pediatric)

Glossary

Section I

Abbreviations

ACLS

Advanced Cardiac Life Support

ADT

active duty for training

ARNG

Army National Guard

ATLS

Advanced trauma life support

BLS

Basic life support

CC

Credentials Coordinator

DCCS

Deputy Commander for Clinical Services

DoD

Department of Defense

IAW

in accordance with

IMA

Individual Mobilization Augmentation

JCAHO

Joint Commission on Accreditation of Healthcare Organizations

MEDDAC

U.S. Army Medical Department

Activity, Fort George G. Meade

MSFC

Medical Staff Functions Committee

MTF

medical treatment facility

PAF

practitioner activity files

PALS

Pediatric Advanced Life Support

PCF

practitioner credential files

PCS

permanent change of station

TDY

temporary duty

USAR

United States Army Reserve

Section II Terms

department

The clinical level immediately subordinate to the DCCS. Departments always have services, as defined above, subordinate to them. Within the organizational structure, departments may be called services; however, for the purpose of this regulation they are referred to as departments.

healthcare practitioner

In accordance with DoD Directive 6025-13, the term “healthcare practitioner” includes all military personnel and all full-time and part-time civilian personnel employed as—

- a. Physicians.
- b. Dentists.
- c. Registered nurses.
- d. Practical nurses.
- e. Physical therapists.
- f. Podiatrists.
- g. Optometrists.
- h. Clinical dietitians.
- i. Social workers.
- j. Clinical pharmacists.
- k. Clinical psychologists.
- l. Occupational therapists.
- m. Audiologists.
- n. Speech pathologists.
- o. Any other person

providing direct patient care designated by the Assistant Secretary of Defense (Health Affairs).

MTF commander

The individual in charge of a medical treatment facility, regardless of his or her actual title.

service

Clinic-level clinical activities, regardless of what they are named within the organization structure, except Laboratory Service, Pharmacy Service and Radiology Service, which are equivalent to departments within this regulation.

